

APR 29 2005

## CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Safwat Tadros et al.

Docket No.

141621-1

Application No.  
10/705,590Filing Date  
10 November 2003Examiner  
Bungarner, MelbaGroup Art Unit  
3732

Invention:

FORMABLE SHEETS FOR MEDICAL APPLICATIONS AND METHODS OF MANUFACTURE THEREOF

I hereby certify that this \_\_\_\_\_ Amendment \_\_\_\_\_

(Identify type of correspondence)

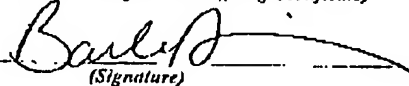
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)

on April 29, 2005

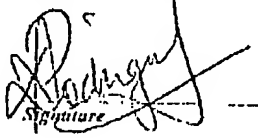
(Date)

Barbara Davidson

(Typed or Printed Name of Person Signing Certificate)

  
(Signature)

Note: Each paper must have its own certificate of mailing.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>141621-1</b>	
Applicant(s): <b>Safwat Tadros et al.</b>						
Application No. <b>10/705,590</b>	Filing Date <b>10 November 2003</b>	Examiner <b>Rungarner, Melba</b>	Customer No. <b>23413</b>	Group Art Unit <b>3732</b>	Confirmation No. <b>6234</b>	
Invention: <b>FORMABLE SHEETS FOR MEDICAL APPLICATIONS AND METHODS OF MANUFACTURE THEREOF</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	22 -	23 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>06-1130</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: <b>April 29, 2005</b>			
David E. Rodrigues Registration No. 50,604 Customer No. 23413 (860) 286-2929			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence <b>VIA FACSIMILE</b> Typed or Printed Name of Person Mailing Correspondence			
cc:						

141621-I

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Safwat Tadros et al. )  
Serial No.: 10/705,590 ) Group Art Unit: 3732  
Filed: 10 November 2003 )  
For: FORMABLE SHEETS FOR MEDICAL ) Before the Examiner:  
APPLICATIONS AND METHODS ) Bungamer, Melba  
OF MANUFACTURE THEREOF )

VIA FACSIMILE: 703-872-9306  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

This Amendment and Response is submitted in response to the Office Action dated February 24, 2005. Enclosed is an information disclosure statement as well. Please amend the Application as follows: